Chemical Dependency Bureau Standard Medicaid Procedure Codes and Rates				
Procedure Code	Modifier	Description	Unit	Rate
H0010		Inpatient Residential Detox	per day	\$232.42
H0018		Inpatient Residential Treatment	per day	\$232.42
H0001		Assessment and Placement	per visit	\$286.50
H0004		Individual Therapy	15 min	\$17.17
H2035		Group Therapy	1 hour	\$24.53
H0012		Day Treatment	per day	\$116.21
H0048		Saliva Drug Test	per test	\$8.00
T1016	HQ	Targeted Case Management	15 min	\$11.84
IN RVRBS				
Procedure Code	Description		Unit	Rate
99408		TOD Screening – (e.g. Audit, DAST) and brief on - 15-30 Minutes	per visit	See RBRVS Schedule
99409		TOD Screening – (e.g. Audit, DAST) and brief on - 30 Minutes or more	pre visit	See RBRVS Schedule
90849	Multi-Fan	nily Group Therapy	per visit	See RBRVS Schedule
90847	Family Th	erapy with Patient	per visit	See RBRVS Schedule
90846	Family Th	erapy without Patient	per visit	See RBRVS Schedule